

A N N E X A
PROGRAM COMMITMENTS
DMHS LICENSED BEDS – RESIDENTIAL SERVICES

NAME OF AGENCY: _____

CONTRACT NUMBER: _____ **CONTRACT TERM:** ____/____/____ **TO** ____/____/____

BUDGET MATRIX CODE:

24

BUDGET MODIFICATION NO:

(0 = Original)

1. Clients will graduate from agency residences and be placed in non-contract housing.

2. Actual occupied bed days to be provided.

Individual Group

3. Units of Service to be Provided (**ONLY FOR B APTS. AND C HOUSING (APT/GH)**)

4. The following component of a continuum of housing alternatives* will be provided.

Type and Level of Supervision

SUPERVISED A+

| Apt. | Group Home |
|------|------------|
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| | |
| | |

SUPERVISED A

| Apt. | Group Home |
|------|------------|
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| | |
| | |
| | |

SUPERVISED B

| Apt. | Group Home |
|------|------------|
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| | |
| | |
| | |

A. Client Capacity at beginning of period

B. Housing Units at beginning of period

C. Client Capacity at end of period*

D. Housing Units at end of period*

E. New Client to be placed

F. Mean Occupancy Rate

G. Insert Code from "Specialized Program" Chart

H. Individual Units of Service

I. Group Units of Service

Type and Level of Supervision

SUPERVISED C

| Apt. | Group Home |
|------|------------|
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| | |

FAMILY CARE

| Apt. | Group Home |
|------|------------|
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| | |
| | |

Specialized Programs

E = MICA

F = Respite Care

G = Crisis

I = Deaf/Blind

J = Gero-Psych

K = DD

A. Client Capacity at beginning of period

B. Housing Units at beginning of period

C. Client Capacity at end of period*

D. Housing Units at end of period*

E. New Client to be placed

F. Mean Occupancy Rate

G. Insert Code from "Specialized Program" Chart

H. Individual Units of Service

I. Group Units of Service

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BUDGET MATRIX CODE: 24 **BUDGET MODIFICATION NO:**
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*** Please append a schedule showing the dates for phase-in or phase-out of client space.**

5. The following will be the total number of clients to be served by the level of housing:

| | | | | | |
|----------------------|-------------------------|----------------------|------------------------|----------------------|-------------|
| <input type="text"/> | Supervised Residence A+ | <input type="text"/> | Supervised Residence B | <input type="text"/> | Family Care |
| <input type="text"/> | Supervised Residence A | <input type="text"/> | Supervised Residence C | | |

6. The mean length of stay (in months) by level of housing will be:

| | | | | | |
|----------------------|-------------------------|----------------------|------------------------|----------------------|-------------|
| <input type="text"/> | Supervised Residence A+ | <input type="text"/> | Supervised Residence B | <input type="text"/> | Family Care |
| <input type="text"/> | Supervised Residence A | <input type="text"/> | Supervised Residence C | | |

7. The following will be the supervision by level of housing in full-time equivalent (FTE) by shift:

| | | <u>Supervised Residence A+</u> | | <u>Supervised Residence A</u> | | <u>Supervised Residence B</u> | | <u>Supervised Residence C</u> | | <u>Family Care</u> | | |
|---|-----------------------------|------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------------------|----------------------|-----------------------------------|----------------------|----------------------|----------------------|----------------------|
| | | # On-Site | #On-Call | # On-Site | #On-Call | # On-Site | #On-Call | # On-Site | #On-Call | # On-Site | #On-Call | |
| A. Business Days | shift 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | shift 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | shift 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | B. Weekends/Holidays | shift 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| shift 2 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
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| shift 3 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ParaProfessionals (Direct Service) | | shift 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | shift 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| shift 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
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DMHS LICENSED – RESIDENTIAL SERVICES

DMHS-licensed supervised residential options offering on-site staff support and assistance with activities of daily living according to clients' needs. Housing opportunities include supervised apartments, group homes, and family care homes. Additionally, residences may be targeted to address special needs: MICA, short-term Respite Care, Crisis, Deaf/Blind, Geropsychiatric, Developmentally Disabled individuals.

Actual occupied bed days to be provided = days where consumer will be physically in the program for all or part of the day.

Individual Units of Service: face to face contact with one consumer for 15 continuous minutes. If a contact exceeds more than 15 continuous minutes, count as multiple contacts. If two staff members simultaneously serve one client, count as one staff contact. Travel time to and from contact is to be excluded from overall contact time.

Group Units of Service: face to face contact where one staff member serves between two and six clients simultaneously for 15 continuous minutes, count as one group contact per client (group contacts of seven or more clients by one staff member are not reportable). Travel time to and from contact is to be excluded from overall contact time.

SUPERVISED RESIDENCE A+: Refers to housing with on-site staff coverage 24 hours per day, seven days per week.

SUPERVISED RESIDENCE A: Refers to housing with on-site staff coverage of less than 24 hours per day, but at least 12 hours per day of on-site coverage, Monday through Friday and at least 12 hours on-site coverage on weekends and holidays.

SUPERVISED RESIDENCE B: Refers to housing with on-site supervision by program staff at least 4 hours, but less than twelve hours a day within each 24 hour period.

SUPERVISED RESIDENCE C: Refers to housing with on-site staff coverage at a minimum of one hour per week. Typically, staff is on-site providing services three to four hours per week.

FAMILY CARE: Refers to private home or apartment in which an individual resides and provides services to as many as five clients who also reside in the home.

SPECIALIZED PROGRAMS: If a program is designed for one of the specialized services listed, enter the appropriate code in row G; otherwise, leave blank.